

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 07-06-2010

Address: 0400E 200N

Case #: 22F45978

ANGOLA, IN.

County: STEUBEN

46703

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open – No Structure
☐ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ Lithium/Ammonia Reaction(s): GARAGE
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: GARAGE
☒ Water Reactive Metal (Lithium): GARAGE
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): GARAGE
☒ Corrosive Acid: GARAGE
☒ Corrosive Base: GARAGE
☒ Other (item and location): AMMONIA SULFATE/ GARAGE

Child under age 18 discovered (check one)

- ☒ Yes (1) not at scene (number present)

Log

- ☐ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking
☐ Retail/Merchant Tip
☒ Other: STEUBEN SHERIFF

This report is to be faxed to the following agencies that serve the location:

Fire Department: ANGOLA FD

Fax: E-MAILED

Health Department: STEUBEN CO

Fax: E-MAILED

Child Protection Service: STEUBEN CO

Fax: E-MAILED

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: ANDREW SMITH Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.